



Extreme Fitness Club

www.efchawaii.com

Registration Form

September 8 – November 13, 2010, Volleyball Fall Clinic

Registration Date _____

Division Ages 5 – 11 Ages 12– 16

Gender M F

Name _____
Last First MI

Address _____
Street City State Zip

School _____ Grade _____ Birthdate _____ Age _____

Parent Information

Mom's Name _____ Mom's Home Phone Number _____ Cell Phone _____

Mom's Email _____ Mom's Workplace _____ Work Phone _____

Dad's Name _____ Dad's Home Phone Number _____ Cell Phone _____

Dad's Email _____ Dad's Workplace _____ Work Phone _____

Medical & Dental Information

Insurance Company _____ Policy Number _____ Phone Number _____

Physician Name _____ Phone Number _____

Medical Issues? Yes No Please Explain: _____

Dentist Name _____ Phone Number _____

Marketing/Promotion Release Authorization

I (parent), _____ consent and authorize Extreme Volleyball Club to market, promote and air programming of which contain my child's photographs but not limited to video and audio. I am aware that the purpose of this material is to promote Extreme Volleyball Club and youth volleyball.

Registrar's Use Only

Registration Fees: \$400

If a player notifies Extreme Fitness Club in writing received on or before September 3, 2010 that the player will be unable to attend the session, Extreme Fitness Club will refund the registration fee minus a \$25.00 handling charge. Otherwise, FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE.

Cash Check # _____ Amount _____
Received by _____ Date _____ Time _____ Balance _____
Due _____

Please make checks payable to: **Extreme Fitness Club**

P.O. Box 37035/Honolulu, HI 96837/e-mail: info@efchawaii.com